

Camden County Curbside Collection Office
P.O. Box 99 * Woodbine, GA 31569 * Phone (912) 510-6881 * Fax (912) 576-*4296
Email: curbside@co.camden.ga.us

ACCOUNT CLOSURE REQUEST

·	I understand that this request is subject to verification.
	Acct#
Service Address:	
	Email:
Directions/Description:	
What Is Your Regular Garbage Pick D	aàs
VACANT DWELLING UNIT: The	property will be vacant and ready for inspection on
1	o longer own the property and I wish to terminate the of
OWNER ACKNOWLEDGEMENT	
additional fees, penalties, and a cito Service Agreement and deposit. Failu The forwarding address above should	o be occupied without having service, I will be subject to ation. Before reoccupying the property I will submit a new are to pay the final balance will result in a lien on the property. It is a be used for the final statement as well as any refund. If a rable, it may cause the refund to be forfeited. This account comestead exemptions.
 Charges will be prorated to the 	ne next regular service date.
 Place trash can and recycling for pickup. The trash can may 	g bin half-way down the driveway and visible from the road have garbage in it.
	ged to the account. If the can and recycling bin are not in lacement fee will be charged instead of the \$15 pickup fee.
Customer Signature	Date
PLEASE ENCLUDE A COPY OF YOUR DR	RIVER'S LICENSE OR ID
FOR OFFICE USE ONLY	
DATE RECEIVED:	Next service date (date of closure):